***PLEASE RETURN THIS COPY BEFORE YOU LEAVE TODAY:** PLEASE MAKE SURE TO TURN THIS SIGNED COPY BACK INTO THE SITE HOST BEFORE YOU LEAVE TODAY. THANK YOU!

Certificate of Renewal Units Earned for Professional Development Activities

SECTION I: PARTICIPANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

SEID Number _____ Maiden or Former Name _____ Birth Date _____

Address _____ State _____ Zip Code _____

SECTION II: INSTRUCTOR OR APPROVED PROVIDER INFORMATION

Title of Activity: 2025 Montana Counselor Update

Beginning Date of Activity: 10/29/2025

Name of Instructor: MPSEOC - Montana Post Secondary Educational Opportunities Council

Ending Date of Activity: 10/29/2025

Approved Provider Name: Montana Post Secondary Educational Opportunities Council

Provider's Phone: (406)531-3531

Location (City, State): Host: Missoula (& other sites), MT

Renewal Units Earned: 5

SECTION III: AFFIDAVIT -- SIGNED BY THE PARTICIPANT

I, (signature) _____, swear/affirm that I have earned _____ renewal units for attendance at this activity. I am not applying for college or university credit for this program.

I further certify (or declare) under penalty of perjury under the laws of the State of Montana that the foregoing is true and correct. The intentional misrepresentation of a material fact on this form subjects the holder to revocation of his/her educator license pursuant to 20-4-110, Montana Code Annotated.

THIS FORM IS TO BE HELD BY THE LICENSE HOLDER FOR USE TO RENEW OR REINSTATE A MONTANA EDUCATOR LICENSE.
NO OTHER ENTITY IS REQUIRED TO MAINTAIN YOUR RENEWAL UNIT RECORDS.

SECTION IV: APPROVED PROVIDER VERIFICATION

When signed by the approved provider or designee, this form serves as a transcript documenting valid renewal units as required for renewal of educator licenses.

Provider Signature: amy Leary

Date: 10/29/2025

INSTRUCTIONS AND INFORMATION FOR COMPLETING A RENEWAL UNIT CERTIFICATE

FOR THE PARTICIPANT:

1. Inspect the certificate for accuracy and completeness. Incomplete forms are not acceptable for license renewal.
2. Fill out Section I: Participant Information.
3. Sign the certificate and indicate the number of renewal units earned in Section III: Affidavit -- Signed by the Participant.
4. Maintain the original copy of this certificate. The original may be required for certain Licensure processes. It is recommended that you keep a copy of all application materials submitted for license renewal/reinstatement. It is particularly important that you keep a copy of each Renewal Unit Certificate in case of an audit of renewal applications or provider records is initiated.
5. The licensee is solely responsible for retaining the renewal unit certificate.

FOR THE APPROVED RENEWAL UNIT PROVIDER:

1. The following fields in Section II: Instructor or Approved Provider Information is automatically filled in based upon the information you enter in the Renewal Unit Provider System:
    a. Title of Activity
    b. Name of Instructor
    c. Beginning and Ending Dates of Activity
    d. Approved Provider Name
    e. Provider's Phone
    f. Location (City, State)
    g. Renewal Units Earned
2. Sign (digitally or physically) the Section IV: Approved Provider Verification portion of the certificate and date it.
3. Give the certificate to the participant. Certificates may be given electronically or on paper only to participants that have completed the renewal unit activity.
4. Record the number of certificates issued during the Renewal Unit Activity in the Renewal Unit Provider System.
    a. Single-Event Providers - Please fill out the form included in your Single-Event Provider Approval Letter.
5. Maintain records of renewal unit activities and participants for five years following the ending date of the activities.

YOUR COPY: KEEP THIS COPY FOR YOUR RECORDS TO SUBMIT WITH YOUR CREDIT FILING.

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SEID Number _____ Maiden or Former Name _____ Birth Date _____

Address _____ State _____ Zip Code _____

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Name of Instructor: MPSEOC - Montana Post Secondary Educational Opportunities Council

Ending Date of Activity: 10/29/2025

Approved Provider Name: Montana Post Secondary Educational Opportunities Council

Provider's Phone: (406)531-3531

Location (City, State): Host: Missoula (& other sites), MT

Renewal Units Earned: 5

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Date: 10/29/2025

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